

Park Facility Reservation Application

Rental Fees: (4 hour minimum)
Security Deposit \$50.00

DuPont Residents - \$36.00 for 4 hour rental Additional hours are billed at \$9.00/hr

Non- DuPont Residents - \$52.00 for 4 hour rental Additional hours are billed at \$13.00/hr

Groups over 50 - \$75.00 for Special Event Permit Application

Clocktower Stage and/or Sport Fields – Fees listed in the Park Facility Use and Reservation Policies Document

GROUP:	COI	NTACT
ADDRESS:		
CITY:	STATE: ZIP:	
DAY PHONE:	EMAIL	.=
TYPE OF ACTIVITY:		
ESTIMATED ATTENDANCE:		
DATE OF RESERVATION:		
TIME OF RESERVATION:		
Site & Facility Requested:		
Chief Leschi Park	Clocktower Park	☐ Edmond Village
Ethel Lumsdon Park	Garry Oaks Park	☐ lafrati Park
Robinson Park	Ross Plaza	Sellers Park
DuPont Powderworks Parl	•	
Park Amenities Requested:		

	Applica	nt acknowledg	es that alcohol	ic beverage	s are not allow	ed in City of Du	Pont parks	
	remova condition	I from the site. on. I am aware	I have seen the that due to the	e shelter are efforts of r	ea that I am res ain, wind and o	p and clean-up, erving and am ther park patro was completed	familiar with ns, the outd	its overall
	Applica	nt acknowledg	jes that pets are	e kept on a	leash at all time	es. I am aware t	o clean up a	after my pet.
		ations must be				pecial equipme ion date througl		
	Applica	nt acknowledg	es that a copy	of the perm	it must be with	me on the day of	of the reserv	/ation.
			jes that cancell ons within 2 we			eks prior to the	reservation	date. No
	Applica	nt acknowledg	es that the City	of DuPont	reserves the ric	ght to cancel a r	eservation.	
reservati judgmen It is my r group. I application of city pa	on. In the tor lien and the sesponsite hereby constater arks. Fai	ne event of recomments arising therefront to review that I amments are true lure to abide by	overy due to the om, including a the City of Dufin the authorized to the best of recovery Park Rules &	e aforement and all costs Pont Rule ar d representa my knowled Regulation	tioned circumst thereof. nd Regulations ative of the orga ge. I agree to a s could result i	and/or services of ances, the applement and discuss with anization or group bide by the rule immediate losing to the facility	icant shall p th all memb up listed an is and regul is of privile	ers of my d that the ations for use
Signatu	ıre of R	esponsible	Party					<i>J</i>
		•	-				Date)
				Payment	Method:			
(Cash :	\$	Check:	No.	, \$	Cred	dit: \$	
			RECEIPT #					
		Date Pa	id/Staff Initials	s				
USE CON	NDITONS	S:						

Mailing and Hand-Delivery Address:

City of DuPont

1700 Civic Drive DuPont, WA 98327 (253) 912-5381